

### **Application Data Sheet**

#### **Application Information**

Application number:: 09/724,552

Filing Date:: 11/28/00

Application Type:: Regular

Subject Matter:: Utility

Sequence Submission:: Yes

Computer Readable Form (CRF)?:: No

Title:: PREVENTION AND TREATMENT OF

AMYLOIDOGENIC DISEASE

Attorney Docket Number:: 15270J-004761US

Request for Early Publication:: No

Request for Non-Publication:: No

Total Drawing Sheets:: 18

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.:: No

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Dale

Middle Name:: B.

Family Name:: Schenk

Name Suffix::

City of Residence:: Burlingame

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address::

1542 Los Altos Drive

City of Mailing Address::

Burlingame

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94010

**Applicant Authority Type:** 

Inventor

Primary Citizenship Country::

France

Status::

**Full Capacity** 

Given Name::

Frederique

Middle Name::

Family Name::

Bard

Name Suffix::

City of Residence::

**Pacifica** 

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

1111 Park Pacifica Avenue

City of Mailing Address::

**Pacifica** 

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94044

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Theodore

Middle Name::

Family Name::

Yednock

Name Suffix::

City of Residence::

Forest Knolls

State or Province of Residence::

CA

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Country of Residence::

US

Street of Mailing Address::

184 Arroyo Road

City of Mailing Address::

Forest Knolls

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94933

## **Correspondence Information**

Correspondence Customer Number::

20350

#### Representative Information

Representative Customer Number::

20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/580,018	05/26/00
This Application	Continuation-in-part of	09/322,289	05/28/99
09/322,289	Continuation-in-part of	09/201,430	11/30/98
09/201,430	An Appn claiming benefit under 35 USC 119(e) of	60/080,970	04/07/98
09/201,430	An Appn claiming benefit under 35 USC 119(e) of	60/067,740	12/02/97

# **Assignee Information**

Assignee Name::

**Neuralab Limited** 

Street of mailing address::

102 St. James Court

City of mailing address::

**Flatts** 

State or Province of mailing address::

Smith

Country of mailing address::

Bermuda

Postal or Zip Code of mailing address:: FL 04